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**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 5 should be completed where appropriate. All further correspondence including the Issue Fee receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
HALLHESTEIN, WAGNER, HATTIS, STRAHPEL & NUDEL 100 S. WABLER STE. 2100 CHICAGO, IL 60603	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
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*Elect*

04/011.024	02/05/87	01B	JACKSON, J	26B	04/05/89
FILED	FILED				
A. D. POWERED SMOKE DETECTOR WITH BACK-UP BATTERY SUPERVISION CIRCUIT					

ATTY'S LOCKET NO.	CLASS-SUBCLASS	SEARCH NO.	APPLN TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	350-004	340-434.000	100	UTILITY	YES	\$310.00 09/05/89

3. Further correspondence to be mailed to the following: Robert E. Browne Vedder, Price, Kaufman & Kammholz 222 North LaSalle Street Chicago, IL 60601	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 1 Robert E. Browne 2 3
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*Issue fee payment on paper # 19*

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____ 6b. The following fees should be charged to: _____ (Minimum of \$10) DEPOSIT ACCOUNT NUMBER 22-0259 <input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____ (Minimum of \$10)
(1) NAME OF ASSIGNEE: 02 Fyrnetics, Inc.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
(2) ADDRESS: (City & State or Country) 1020 Davis Road, Elgin, Illinois	(Signature of party in interest of record) _____ (Date) 7/3/89
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Illinois	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been submitted to the PTO or is being submitted under separate cover. Completion of this block is required for filing an assignment.	

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